

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
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TOTAL IND.	3					
TOTAL DEP.	17	←	←	←		
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.	←	←	←			
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████